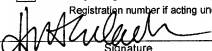


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)		Docket Number (Optional) 41228-TM10001US	
Application Number <span style="float: right;">10/547,944</span>		Filed <span style="float: right;">July 10, 2006</span>	
For <span style="float: right;">Pseudo-Sequence Method For Comparing 7TM Receptors With Respect To The Physico-Chemical Properties Of Their Binding Sites</span>			
Art Unit <span style="float: right;">1631</span>		Examiner <span style="float: right;">L. A. Clow</span>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$ <u>1,110.00</u>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0311</u> .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the	<input type="checkbox"/> applicant/inventor.		
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
	<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input type="checkbox"/> attorney or agent of record. Registration Number _____		
	<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.		
	Registration number if acting under 37 CFR 1.34 <span style="float: right;"><u>45,409</u></span>		
 _____ Signature		_____ January 6, 2011 Date	
Heidi A. Erlacher, J.D., Ph.D. _____ Typed or printed name		_____ (617) 348-4909 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			